

LOS ANGELES COUNTY EMS AGENCY

PSFA/BTCC ATTENDANCE RECORD CHECKLIST

Provider _____ Date _____

All training attendance records must include a minimum of the following:

- Training Program's name as officially on file with the EMS Agency
- Provider's address and phone
- Los Angeles County EMS PSFA or BTCC Provider number
- Course Title
- Course Date
- Number of hours
- Statement – "This record must be maintained for 4 years"
- Program Director's signature

Develop Columns for:

- Attendee's Name – First and Last Name
- Employer
- Signature of attendee
- Employee ID or Badge Number
- Cognitive Exam results
- Psychomotor Exam results
- Evaluation submitted
- Certificate issued

PSFA/BTCC COURSE COMPLETION CERTIFICATE CHECKLIST

All course completion certificates must include a minimum of the following:

- Training Program's name as officially on file with the EMS Agency
- Provider's address and phone
- Los Angeles County EMS PSFA or BTCC Provider number
- Course Title: PSFA BTCC - FRO
- Course Dates
- Expiration Date (2 years to the end of the month which training was completed)
- Number of hours
- Training type for PSFA: Initial Retraining
- Name of participant
- Participant's badge or employee number
- Statement – "This record must be maintained by the participant for four (4) years"
- Program Director's signature
- Tamper resistance